

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 807102

1. Entity Name

SARA LEE CORPORATION

Principal Place of Business

THREE FIRST NAT'L PLAZA
CHICAGO IL 60602

Mailing Address

THREE FIRST NAT'L PLAZA
CHICAGO IL 60602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

% SARA LEE CORP. TAX DEPT.

THREE FIRST NATIONAL PLAZA

CHICAGO, ILLINOIS 60602-4261

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CD	BRYAN, JOHN J. JR.	THREE FIRST NAT'L PLZ	CHICAGO IL	<input type="checkbox"/>
VP	PALMORE, RODERICK	THREE FIRST NATIONAL PLAZA	CHICAGO IL	<input type="checkbox"/>
VP	GROM, GARY C	THREE FIRST NATIONAL PLZ	CHICAGO IL	<input type="checkbox"/>
AST	HAHN, JAMES K.	THREE FIRST NAT'L PLZ	CHICAGO IL	<input type="checkbox"/>
V	MEIER, DONALD L.	THREE FIRST NAT'L PLZ	CHICAGO IL	<input type="checkbox"/>
AS	CARR, THERESE	THREE FIRST NATIONAL PLAZA	CHICAGO IL 60602	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 21, 2000 8:00 am
Secretary of State

05-21-2000 90007 048 ***150.00

80030476



DO NOT WRITE IN THIS SPACE

4. FEI Number

36-2089049

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

CR2E034 (9/99)